

### **Background:**

The Strategic Planning Task Group was charged to create a five-year strategic plan for the National Diabetes Education Program (NDEP) – beginning in January 2014 and continuing through 2019. NDEP's Executive Committee encouraged the task group to build on the program's existing broad goal and objectives, and challenged the task group to identify clear areas of focus over the next five years – areas where the NDEP's strengths can play a unique role in activities contributing to a real difference in diabetes outcomes. A key planning assumption: NDEP cannot address all issues in diabetes, for all of the audiences affected by diabetes, all of the time.

The task group met via phone every two weeks over nine months. In addition, the task group participated in a full day meeting of the Strategic Directions Group and has been guided by staff interactions and discussions with NDEP stakeholders through conference calls. Key resources for the planning effort included activities such as reviewing findings from the NDEP National Diabetes Survey (NNDS), interviews with NDEP stakeholder interviews, and the Healthy People 2020 Diabetes Objectives.

### **Planning Assumptions for the Next 5 Years:**

Several "modes of operation" have been identified that will carry through all strategies and tactics:

- **Target Audience:** NDEP's key audiences are current and new partner organizations representing health care professionals, including community health workers, and community-based organizations particularly those representing people with diabetes and at risk for diabetes. NDEP should focus its efforts on engaging partners and helping them to be more effective. In turn, NDEP's evaluation efforts should focus on measures of engagement and impact with and through partners.
  - "Partners" is used in the broadest possible sense – any organization or institution interested in improving diabetes care for their constituents or members is included. Diabetes challenges can be addressed by the full health care team in clinical settings, community settings, at worksites- everywhere people with diabetes live, work, play and worship.
- **Address Health Disparities:** NDEP will continue to work to address audiences with a higher burden of diabetes and risk for diabetes, e.g. culturally, health literacy and linguistically-appropriate initiatives and activities.
- **Service Leadership:** NDEP can lead by helping its partners recognize unmet needs and catalyzing work to address needs; not by being the lead organization on every initiative.
- **Catalyst:** NDEP should move away from the limited role of producing materials and resources. Instead, NDEP should be a catalyst for the work of others - identifying models of interventions and sharing them across a broad network of partners and intermediaries seeking to change diabetes outcomes where they interact with people with diabetes and people at risk (e.g., in health care settings, worksites, faith-based institutions, senior centers, etc..)
- **Curate:** NDEP should solicit, collect, collate and curate diabetes resources for patients and those at risk – and model interventions – from the broad and diverse diabetes community and share them with partners and intermediaries.

The task group also recognizes that, at the tactical level, NDEP efforts should support efforts that make available and promote messages and materials consistent with its mission both for existing and emerging health care models and technologies.

## **Strategic Plan:**

### **Emerging Vision Statements:**

Empower partners by serving as the objective, reliable resource for those seeking to help people with diabetes and people at risk achieve better health outcomes.

Be the objective, reliable resource for those seeking to provide support, strategies and improved care for the prevention and management of diabetes.

Be the objective, reliable resource for those seeking to create awareness, educate, provide support and behavioral strategies or improve care for the prevention and management of diabetes.

Be the leading national facilitator for objective and reliable resources for evidence based education, quality care and effective psychosocial and behavioral support for the prevention and management of diabetes

### **Goal<sup>1</sup>:**

NDEP's goal is to reduce the burden of diabetes and prediabetes by facilitating the adoption of proven approaches to prevent or delay the onset of diabetes and its complications.

### **Objectives<sup>2</sup>:**

- Increase awareness and knowledge of the seriousness of diabetes, its risk factors, and effective strategies for preventing complications associated with diabetes and preventing type 2 diabetes.
- Increase the number of people who live well with diabetes and effectively manage their disease to prevent or delay complications and improve quality of life.
- Decrease the number of Americans with undiagnosed diabetes.
- Among people at risk for type 2 diabetes, increase the number who make and sustain effective lifestyle changes to prevent diabetes.
- Facilitate efforts to improve diabetes-related health care and education, as well as systems for delivering care.
- Reduce health disparities in populations disproportionately burdened by diabetes.
- Facilitate the incorporation of evidenced-based research findings into health care practices.

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<sup>1</sup> The goal is unchanged from NDEP's previous Strategic Plan.

<sup>2</sup> The objectives are unchanged from NDEP's previous Strategic Plan.

## **Strategies:**

1. Identify, and share with current and new partner organizations representing health care providers<sup>3</sup> and community-based organizations representing people with diabetes and at risk for diabetes, model programs and resources that help them support their constituents and members to develop and sustain a healthy lifestyle to prevent type 2 diabetes or effectively manage diabetes and improve their outcomes.

### Initial Focal Points/Tactics:

- Promote model practice/community programs and approaches that provide support and effective strategies to facilitate prevention and sustained self-management of diabetes, including innovative models for diabetes self-management education and support. In support of this strategy, tactics might include:
  - Expand, support (via technology, training/technical assistance) and evaluate [NDEP's Diabetes HealthSense](#) resource;
  - Link to and promote the National Diabetes Prevention Program and other model programs promoting primary prevention.

### Activities Under Consideration Going Forward:

- *Promote characteristics of primary and specialty care that facilitate primary prevention and sustained self-management of diabetes.*
- *Promote model web and other IT innovations that provide support, behavioral strategies and the linkage of patients, providers, and communities to enable prevention and ongoing self-management of diabetes.*

2. Identify, and share with current and new partner organizations tools, resources and programs that help **improve effectiveness in diabetes management and prevention interventions** through clinical care engagements.

### Initial Focal Points/Tactics:

- Promote organizational models and strategies for team care that encourage high quality diabetes care, support for ongoing diabetes self-management, and primary prevention interventions. In support of this strategy, tactics might include:
  - Expand, support (via technology/partner outreach) and evaluate NDEP's [Practice Transformation](#) web resource (formerly known as [NDEP's BetterDiabetesCare](#) web resource)
  - Expand, support (via technology/partner outreach) and evaluate NDEP's [Diabetes at Work](#) website.
  - Increase engagement of PPOD providers and other non-physician team members (i.e., nurses, pharmacists, community health workers, and patient navigators) in diabetes management in health care systems and in the provision of self-management programs, including promoting and evaluating NDEP's PPOD guide and toolkit.
- Work with professional organizations to encourage state of the art team practice and care practice for prevention and management of diabetes, including workforce development issues. In support of this strategy, tactics might include:
  - Disseminating results of NIH-supported research
  - Promotion and maintenance of NDEP's Guiding Principles by convening organizations around broad areas of agreement across many diabetes care guidelines.

### Activities Under Consideration Going Forward:

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<sup>3</sup> NDEP defines Health Care Provider to include the full team engaged in diabetes care – including but not limited to primary care physicians, specialists, diabetes educators, psychologists, dietitians, pharmacists, podiatrists, optometrists, dental professionals, community health workers/promotores, nurses, and physicians assistants.

- *Work across DHHS and/or other agencies, professional organizations and groups to maximize effectiveness of Affordable Care Act implementation in prevention and management of diabetes.*
  - *Work with payers, including insurers and employers, to promote reimbursement practices that encourage effective and progressive practices in prevention and management. In support of this strategy, tactics might include:*
  - *Promote EHR and other technology-supported models, e.g. online programs, telemedicine, etc. that facilitate state-of-the-art prevention and management of diabetes.*
3. Identify and share with current and new partner organizations, tools and resources for **community organizations and community leaders seeking to improve health outcomes for people with diabetes and people at risk** for type 2 diabetes where they live, work, play, and worship.

Initial Focal Points/Tactics:

- Promote organizational models and characteristics of community interventions that encourage prevention and sustained self-management of diabetes. Work with NDEP partners to:
  - Increase engagement of CHWs and community pharmacists in the provision of self-management programs and on-going support for adults with adults with diabetes
- Promote and encourage enhancement and use of existing high quality materials available in the field. In support of this strategy, tactics might include:
  - Complete, promote, and evaluate NDEP's [New Beginnings](#) intervention.
  - Complete evaluation of NDEP's [Road to Health toolkit](#) for community health workers and promotores.
- Network among partners and promote program successes in quality, reach and sustainability.
  - Support access to and use of phConnect
- Engage and support partners – including links to training and technical assistance – seeking to put resources to work in communities and adapt resources to meet their needs, including workforce development issues.
  - Provide training and technical assistance to NDEP partners in effective approaches to diabetes prevention and control and implementation of NDEP resources
- Utilize and leverage communications technologies to ensure that NDEP resources are available for communities in formats appropriate for their use. Tactics will include leveraging NDEP communications channels such as NDEP News & Notes, website, webinars, social media channels, among others.
  - CDC tactics will include leveraging the CDC/NDEP website, phConnect, and other relevant channels<sup>4</sup>.

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<sup>4</sup> Please note that some of CDC's activities will extend beyond what is being supported through NDEP, e.g., CDC has a large activity to promote the National DPP, only some of which will be NDEP-related.